



Special Event
Amplified Sound Permit

Issued by the City of Springfield, MO

Mother's Day Fest V3

Approved event scheduled for:

Date: May 21, 2022
Time: 2:00 – 11:00 p.m.
Location: Mother's Brewing Company
215 S Grant Avenue

Est. Attendance: 300

Approved by

Sharon Spain

Special Event Permit Coordinator

Date Approved:

3/4/22

CONDITIONS:

- An Emergency Action Plan (EAP) must be created and communicated to all staff members working at the event. This EAP must cover situations such as, but not limited to, inclement weather and violent acts occurring during the event. (Questions regarding this requirement shall be directed to Division Chief Jeffrey Prior, Bureau of Fire Prevention, at 417-874-2340 or by email at jprior@springfieldmo.gov)

Spain, Sharon

From: noreply@civicplus.com
Sent: Friday, February 18, 2022 4:23 PM
To: Spain, Sharon
Subject: Online Form Submittal: Special Event Permit Application

****CAUTION**** This email originated from outside the organization. Do not open attachments or click links from sources you do not know and trust.

Special Event Permit Application

City of Springfield Special Event Permit Application

All proposed events on private property that require a Special Event and/or Amplified Sound Permit must have an approved risk mitigation plan in place to reduce the threat of potential spread of the coronavirus.

The mitigation plans shall at minimum include, but not be limited to, the following guidelines:

Describe the measures that will be put into place to ensure CDC guidelines for physical distancing of people at 6 feet apart.	The event will be primarily outside with 2 acres to safely distance. Tables indoors are spaced for social distancing as well. Sneeze guards will be up at all serving stations.
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Describe the measures that will be put into place to ensure CDC guidelines for cleaning and sanitizing any public spaces.	Dedicated staff to keep surfaces clean and sanitized. Multiple points of sanitation stations.
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Do you agree to provide a complete list of all people working, volunteering and to the largest extent possible, attending the event to include name, phone number, and county of residence within 24 hours of the event's conclusion?	Yes
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Organization Name	Mother's Brewing Company
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Street Address	215 S. Grant Ave
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City	Springfield
State	MO
Zip	65806
Contact Name	Jasmin Adams
E-mail Address	jadams@mothersbrewing.com
Home or Desk Phone	417-862-0423
Cell Phone	417-536-6997
Fax	417-862-5796
Additional Contact Person?	No
E-mail Address	<i>Field not completed.</i>
Home or Desk Phone	<i>Field not completed.</i>
Cell Phone	<i>Field not completed.</i>
Fax	<i>Field not completed.</i>
Promoter, if different from Organization, & Address	<i>Field not completed.</i>
E-mail Address	<i>Field not completed.</i>
Home or Desk Phone	<i>Field not completed.</i>
Cell Phone	<i>Field not completed.</i>
Fax	<i>Field not completed.</i>
Event Information	
Event Name	Mother's Day Fest V3
Event Description	Festival
Please upload 501(c)(3) documentation if required.	<i>Field not completed.</i>
If you checked Other above, please describe.	<i>Field not completed.</i>
Event Date(s)	05/21/22
Alternate Event Date(s)	<i>Field not completed.</i>
Event Location	Private Property (Please indicate address below)

Renting the Springfield Expo Center Lot (Please reserve 4-6 weeks in advance)
Use of the vacant lot at 735 E. Trafficway, requires a \$1,000 rental contract, certificate of insurance for a \$1 million general liability policy naming the City as an additional insured and the completion of a hold harmless agreement for any action arising out of your use of the property. If liquor is sold or served, please request a letter from the City Manager granting permission for such use on public property. Once that permission is granted, the City Licensing Department is notified and will proceed with the liquor catering/picnic license process. The state will issue that license. This entire process could take 5-10 business days. Liquor Liability (\$1 million policy) For events selling or serving alcohol, each liquor vendor is required to provide liquor liability insurance naming the City as an additional insured is required. A third party agreement may be required with your liquor vendor.

Name of Park and/or Street 215 S. Grant Ave

Event Address & Zip 65806

Note: If this event will take place solely in a Springfield-Greene County Park, please call 417-864-1049 to reserve the park facilities.

Is this a charity event? No

Organization benefiting
from proceeds *Field not completed.*

% of proceeds being
donated 0

Is this a first-time event? No

If no, what was the last year
the event was held? 2021

Please list any variations
from the last year the event
was held. *Field not completed.*

Event Operations

Event Set Up Starts: 5/21/2022 10:00 AM

Event Set Up Complete By: 5/21/2022 1:45 PM

Event Start: 5/21/2022 2:00 PM

Event Close: 5/21/2022 11:45 PM

Event Teardown Starts: 5/21/2022 10:00 PM

Event Teardown Complete
By: 5/21/2022 11:45 PM

Estimated Attendance Per
Day 300

Will this event be open to the public?	Yes
Will you be charging admission?	Yes
Will you be accepting donations?	No
Are you wanting to close a City street for your event?	No
Please indicate the street(s)/cross streets(s) you propose to close and what dates and times.	<i>Field not completed.</i>
From:	<i>Field not completed.</i>
To:	<i>Field not completed.</i>
Upload Event Route	<i>Field not completed.</i>
Food will be	Served, Prepared
How will food be prepared?	LP gas grill, Charcoal grill, Electric grill
Please list the contact information for each temporary food vendor that plans to serve food at the event.	
Food Vendor 1:	The Almighty Sando Shop
Contact name	Jimmie Milton
Mobile phone number	417-422-0912
E-mail address	jammils14@gmail.com
Will more than one food vendor be serving food at the event?	Yes
Food Vendor 2:	Greek Belly
Contact name	John Tsahiridis
Mobile phone number	417-597-3382
E-mail address	greekbelly@gmail.com
Food Vendor 3:	<i>Field not completed.</i>
Contact name	<i>Field not completed.</i>
Mobile phone number	<i>Field not completed.</i>

E-mail address	<i>Field not completed.</i>
Food Vendor 4:	<i>Field not completed.</i>
Contact name	<i>Field not completed.</i>
Mobile phone number	<i>Field not completed.</i>
E-mail address	<i>Field not completed.</i>
Food Vendor 5:	<i>Field not completed.</i>
Contact name	<i>Field not completed.</i>
Mobile phone number	<i>Field not completed.</i>
E-mail address	<i>Field not completed.</i>
Food Vendor 6:	<i>Field not completed.</i>
Contact name	<i>Field not completed.</i>
Mobile phone number	<i>Field not completed.</i>
E-mail address	<i>Field not completed.</i>
Will electricity be provided to the food vendors?	Yes
If yes, please describe contingency plan for additional power if needed.	We have ample power for trucks, they will have backup generators if needed.
Will alcoholic beverages be available at your event?	Yes
Alcoholic beverages will be	Sold by the drink
What type of alcoholic beverages?	Beer, Wine, Spiritous (hard) liquor
Please provide the address at which alcohol will be sold, given away and/or consumed.	215 S. Grant Ave
Name of business or organization that will be responsible for obtaining any necessary liquor permits, such as catering or picnic permits from the state of Missouri.	Mother's Brewing Company

Alcohol Will Be Served 5/21/2022 2:00 PM
From:

To: 5/21/2022 11:45 PM

City of Springfield Noise Standards

(a) Maximum noise level. No operation or activity shall cause or create noise in excess of the sound levels prescribed below. (b) Sound level standards. The maximum permitted sound level shall be at a volume so as to not unreasonably and knowingly disturb or alarm another person or persons by loud noise. (c) Variations and exemptions. 1. The following uses and activities shall be exempt from the sound level standards: a. Noises not directly under the control of the property user; b. Noises emanating from construction and maintenance activities between 7:00 a.m. and 11:00 p.m.; c. The noises of safety signals, warning devices, emergency pressure relief valves and emergency electric generators; and d. Noises from moving sources such as automobiles and trucks on public right-of-way, railroad equipment on railroad right-of-way and railroad spurs on private property, and airplanes.

Will there be live entertainment, music or amplified sound at your event? Yes

If so, will stages be built? No

How many? Field not completed.

Performances will start 5/21/2022 3:00 PM

and conclude 5/21/2022 10:00 PM

Will tents be erected for your event? Yes

If you checked Yes, [click here to view tent permits and guidelines and to fill out an application for a tent permit.](#)

Will additional electrical wiring be installed for the event? No

How will you get electricity to your event? Utility power

Will access to water be required for the event? Yes

Will restroom facilities be required for the event? Yes

Have you arranged for security at your event? No

If so, who will be providing security? Please provide Organization, Address and Phone. *Field not completed.*

Note: Applicant is responsible for security personnel for the duration of the event. The number of security officers or police officers will be determined by the Springfield Police Department based on the nature of the event. Please contact the Police Department at 864-1727 for questions or clarification.

Describe your plans for Emergency Medical Services. If an issue is to arise, EMS will be contacted immediately.

Describe your plans for event trash removal, as well as any organizations or persons directly involved with this aspect of the event. We pay for city trash removal and will use our current dumpsters.

Describe your plans for food-vendor wastewater disposal, as well as any organizations or persons directly involved with this aspect of the event. Vendors will remove.

Note: Additional City Permits/Licenses/Insurance Certificates may be required. Applicant is responsible for obtaining all additional permits/licenses/insurance certificates required upon issuance of this use permit. Applicant must check and agree to abide by the following conditions to obtain this permit.

CLEAN UP I agree

INSURANCE I agree

Your event may qualify for insurance through the TULIP Program, which provides low cost general liability insurance to "third party" users of various venues and facilities for events. It protects both the user and the facility against claims by guests who may be injured as a result of attending an event. [Read more about TULIP and how to get a policy.](#)

UPLOAD Certificate of Insurance [Revised cert \(3\).pdf](#)

INDEMNITY I agree

CITY CODES/PERMITS	I agree
CONDUCT/NUISANCES	I agree
UPLOAD Event Site Map or Sketch here.	<u>MBC MDF V1 .pdf</u>
Signature	By checking this box and typing my name below, I am electronically submitting my signature.
First Name	Jasmin
Middle Initial	M
Last Name	Adams
If you have questions regarding an event or this application, please contact Sharon Spain, Special Event Permit Coordinator, in the Department of Public Information, at 417-864-1105 or sspain@springfieldmo.gov .	

Email not displaying correctly? [View it in your browser.](#)

COLLEGE STREET (COLEDGE ST)
(FORMERLY U.S. ROUTE 66)
(60' R/W)

6" BOLLARDS

N 83° 03' 00" E 359.62

S 83° 32' 43" W
61.62'

20.22'

EXISTING
BUILDING

N 01° 25' 22" E 176.11' M 176.0' R

GRASS

N 86° 25' 41" E
59.94' M
60' R

ASPHALT

CONC

GRASS

3.49 ACRES

GRASS

VACATED ALLEY
(7TH AVE)

ASPHALT

TOTAL

30" TREE

18" TREE

CINDER BLOCK WALL

100' P
99.85' M

N 89° 15' 26" W

CONC. RET. WALL

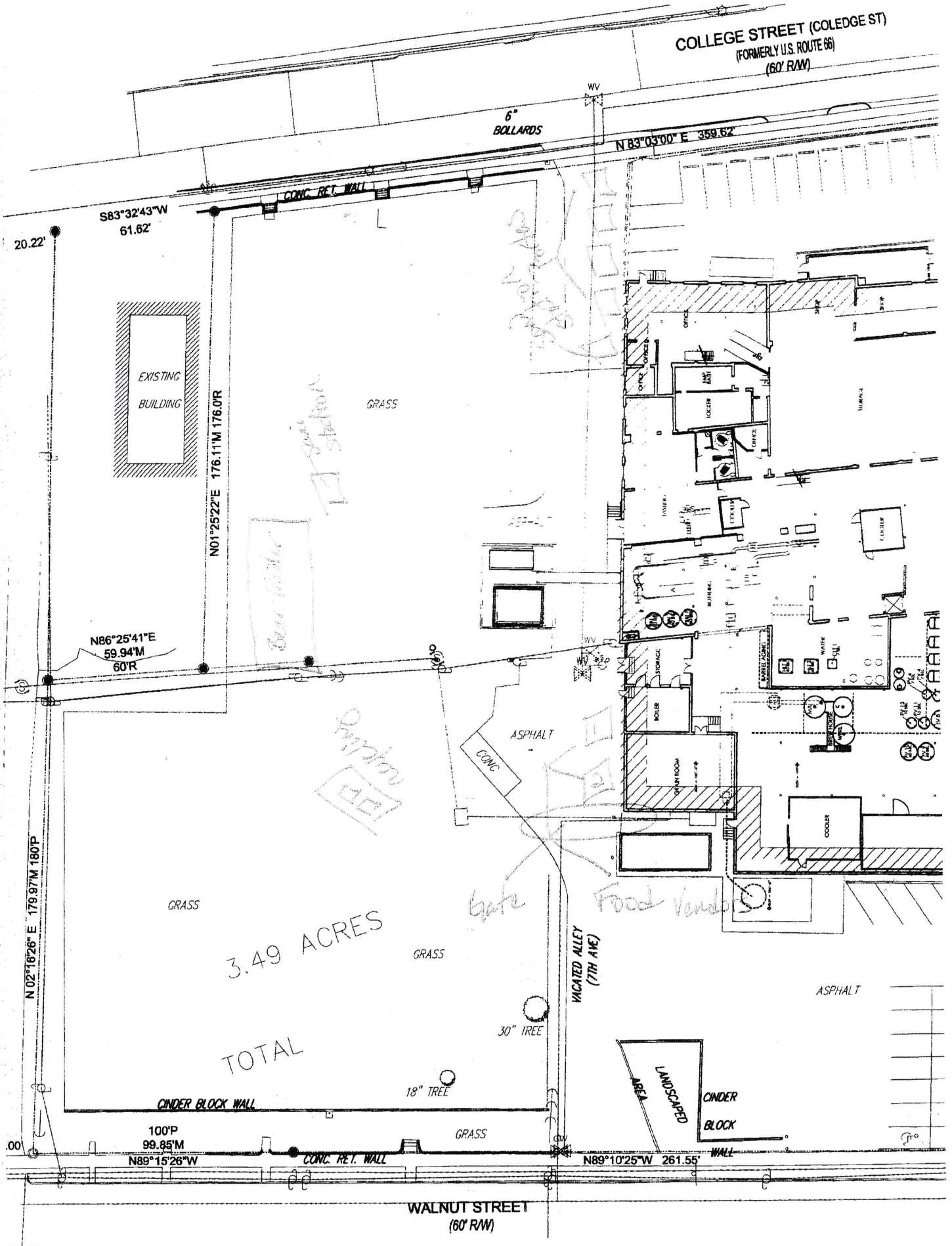
GRASS

N 89° 10' 25" W 261.55'

WALNUT STREET
(60' R/W)

LANDSCAPED

CINDER
BLOCK





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/14/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER OLLIS/AKERS/ARNEY 2274 E SUNSHINE ST SPRINGFIELD MO 65804-1819	CONTACT NAME: Rachel Day PHONE (A/C, No, Ext): (417) 881-8333 FAX (A/C, No): (417) 823-7444 E-MAIL ADDRESS: rachel.day@ollisaa.com																					
INSURED Mother's Brewing Co, LLC; Ozark Mountain Brewery, LLC PO Box 88 Springfield MO 65801	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Cincinnati Insurance Company</td><td>10677</td></tr><tr><td>INSURER B:</td><td>Cincinnati Insurance Company</td><td>10677</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Cincinnati Insurance Company	10677	INSURER B:	Cincinnati Insurance Company	10677	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER F:																						

COVERAGES**CERTIFICATE NUMBER:** 21-22 Events**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

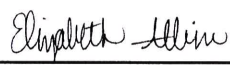
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		ETD0434616	04/06/2021	04/06/2022	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							Employee Benefits \$ 1,000,000
							COMBINED SINGLE LIMIT (Ea accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					EACH OCCURRENCE \$
							AGGREGATE \$
B	Liquor Liability	Y		ETD 0434616	04/06/2021	04/06/2022	PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
							Each Common Cause \$1,000,000
							Aggregate \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

When required by written contract, certificate holder, relative to General Liability and Liquor Liability, has Additional Insured status.

Event: Tour de Crawdad 4/17/21
Location: Mothers Brewing Co. LLC
215 S. Grant Ave. Springfield MO 65806

CERTIFICATE HOLDER**CANCELLATION**

City of Springfield P.O. Box 8368 Springfield MO 65801	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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